

Bureau of Health Care Quality & Compliance


PRINTED: 03/09/2009
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4529SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2009
NAME OF PROVIDER OR SUPPLIER LAS VENTANAS RETIREMENT COMM SNF		STREET ADDRESS, CITY, STATE, ZIP CODE 10401 WEST CHARLESTON BLVD LAS VEGAS, NV 89135		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of the state licensure survey conducted at your facility from 1/7/09 through 1/9/09. The census at the time of the survey was 55. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	Z 000	This plan of correction is prepared and executed because it is required by the provisions of State of Nevada regulations not because Las Ventanas agrees with the allegations and citations listed on the statement of deficiencies. Las Ventanas maintains that the alleged deficiencies do not, individually or collectively, jeopardize the health and safety of the residents, not are they of such character as to limit our capacity to render adequate care as prescribed by regulation.	
Z342 SS=C	NAC 449.74511 Personnel Records - Licenses, TB, Background 3. A current and accurate personnel record for each employee of the facility must be maintained at the facility. The record must include, without limitation: a) Evidence that the employee has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by the employee; b) Such health records as are required by chapter 441A of NAC which include evidence that the employee has had a skin test for tuberculosis in accordance with NAC 441A.375; and c) Documentation that the facility has not received any information that the employee has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188. This Regulation is not met as evidenced by: Based on interview and personnel records	Z342	By submitting this plan of correction, Las Ventanas does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Las Ventanas reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE


TITLE



(X6) DATE

3/20/09

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Z342	Continued From page 1 review, the facility failed to ensure 6 of 9 employees (#3, 4, 5, 6, 7, 9) were screened for Tuberculosis (TB). Findings include: Employee #3, date of hire 10/21/08, had no documented evidence of TB testing in her personnel record. Employee #4, date of hire 11/24/08, had no documented evidence of TB testing in her personnel record. Employee #5, date of hire 12/3/08, had evidence of a 1-step TB test. There was no further documented evidence in her personnel record. Employee #6, date of hire 12/10/08, had no documented evidence of TB testing in her personnel record. Employee #7, date of hire 2/26/08, had no documented evidence of TB testing in her personnel record. Employee #9, date of hire 12/18/08, had no documented evidence of TB testing in the personnel record. An interview (1/9/09 at approximately 2 PM) with the Human Resources Manager, indicated no further documentation was available. Severity 1 Scope 3	Z342	Z342 SS=C a. Not applicable to a specific resident. b. All resident have the potential to be affected by this deficient practice. Employee #3's cannot be administered the 2 step Mantoux. Chest x-ray on 3-4-08 indicated negative for TB. Employee #3 had annual TB assessment on 3-16-09. Documents were misfiled and could not be located during survey. Employee #4 cannot be administered 2 step Mantoux. Employee #4 received chest x-ray on 3-12-09 indicating negative for TB. Employee #5 had 1 step on 1/28/08. Employee #5 will have two step Mantoux completed by March 22, 2009. First step done on 3/13/09. Second step to be completed on 3/22/09. Employee #6 is no longer an employee of Las Ventanas. Employee #7 completed 2	
Z9999	Final Comment NAC 449.74522 Employees of facility which	Z9999		

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BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

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Z9999	Continued From page 2 provides care to persons with dementia. (NRS 449.0357 < http://leg.state.nv.us/NRS/NRS-449.html >, 449.037 < http://leg.state.nv.us/NRS/NRS-449.html >) 1. Except as otherwise provided in subsection 4, each person who is employed by a facility for skilled nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, who has direct contact with and provides care to persons with any form of dementia and who is licensed or certified by an occupational licensing board must complete the following number of hours of continuing education specifically related to dementia: (a) In his first year of employment with a facility for skilled nursing, 8 hours which must be completed within the first 30 days after the employee begins employment; and (b) For every year after the first year of employment, 3 hours which must be completed on or before the anniversary date of the first day of employment. 2. The hours of continuing education required to be completed pursuant to this section: (a) Must be approved by the occupational licensing board which licensed or certified the person completing the continuing education; and (b) May be used to satisfy any continuing education requirements of an occupational licensing board and do not constitute additional hours or units of required continuing education. 3. Each facility for skilled nursing shall maintain proof of completion of the hours of continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete continuing education pursuant to this section. 4. A person employed by a facility for skilled	Z9999	step Mantoux in February 2009. Employee #9 has been on leave of absence. Upon returning employee received 1 st step of 2 step Mantoux and will receive 2 nd step not later than 3/26/09. c. A new hire checklist has been developed which includes TB testing to assure all personnel receive initial 2 step testing. d. The Human Resources Director will maintain a "tickler file" for all ongoing (annual) testing of personnel. e. The individual responsible for compliance is the Director of Human Resources and the Director of Nursing. f. Completion date is 3/27/09.	

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Z9999	Continued From page 3 nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, is not required to complete the hours of continuing education specifically related to dementia required pursuant to subsection 1 if he has completed that training within the previous 12 months. 5. As used in this section, " continuing education specifically related to dementia " includes, without limitation, instruction regarding: (a) An overview of the disease of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, which includes instruction on the symptoms, prognosis and treatment of the disease; (b) Communicating with a person with dementia; (c) Providing personal care to a person with dementia; (d) Recreational and social activities for a person with dementia; (e) Aggressive and other difficult behaviors of a person with dementia; and (f) Advising family members of a person with dementia concerning interaction with the person with dementia. (Added to NAC by Bd. of Health by R067-04, eff. 8-4-2004) REVISER ' S NOTE. The regulation of the Board of Health filed with the Secretary of State on August 4, 2004 (LCB File No. R067-04), the source of this section (section 3 of the regulation), contains the following provisions not included in NAC: " 1. Each person who on August 4, 2004, is employed by a facility for skilled nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, and who is	Z9999	Z9999 a. Not applicable to a specific resident. b. All residents have the potential to be affected by this deficient practice. Employee #8 is no longer an employee of the facility. Employee #3, #4, #5, #7 and #9 have all received the required Alzheimer and Dementia training. c. A new hire employee checklist has been developed to assure that the Alzheimer and Dementia training is given. d. A "tickler" file has been set up by the Director of Nursing to remind her when recurring training is required.		

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Z9999	<p>Continued From page 4</p> <p>required to complete the hours of continuing education specifically related to dementia required pursuant to section 3 of this regulation [NAC 449.74522 <http://leg.state.nv.us/NAC/NAC-449.html>], shall complete at least 8 hours of continuing education specifically related to dementia within 12 months after August 4, 2004, unless the person has completed the training within the 12 months before August 4, 2004.</p> <p>2. Evidence that such a person has completed the training required pursuant to subsection 1 must be included in his personnel file and must be kept at the facility. "</p> <p>Based on record review and interview, the facility failed to provide the required 8 hours of dementia training within the first 30 days of employment to employees who have direct contact, are licensed or certified, and provide care to persons with dementia for 6 of 9 employees (3, 4, 5, 7, 8, 9).</p> <p>Findings include:</p> <p>Employee #3, date of hire 10/21/08, had no documented evidence of dementia training in her personnel record.</p> <p>Employee #4, date of hire 11/24/08, had no documented evidence of dementia training in her personnel record.</p> <p>Employee #5, date of hire 12/3/08, had no documented evidence of dementia training in her personnel record.</p> <p>Employee #7, date of hire 2/26/08, had no documented evidence of dementia training in her personnel record.</p>	Z9999	<p>e. The individual responsible for compliance is the Staff Development Coordinator and the Director of Nursing.</p> <p>f. Compliance date is 2/20/09.</p>		

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Z9999	<p>Continued From page 5</p> <p>Employee #8, date of hire 11/4/08, had no documented evidence of dementia training in his personnel record.</p> <p>Employee #9, date of hire 12/18/08, had no documented evidence of dementia training in her personnel record.</p> <p>An interview (1/9/09 at approximately 2 PM) with the Human Resources Manager, indicated no further documentation was available.</p> <p>Severity 1 Scope 3</p>	Z9999			

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